



Reinsurance Claims Processing Manual

Chapter Four Catastrophic Reinsurance

I Eligibility

Catastrophic Reinsurance is provided to reimburse the Contractor for the cost of care for an enrolled member who meets Catastrophic Reinsurance criteria and requirements.

The Contractor is responsible for identifying the eligible recipient and notifying AHCCCS, Division of Health Care Management (DHCM), Medical Management Unit, in writing on a prescribed basis as outlined in this manual. Supporting medical documentation must accompany the request as outlined.

II Determination of Benefits

The Contractor shall notify AHCCCS, DHCM, Medical Management Unit, of cases identified for catastrophic Reinsurance coverage for Hemophilia, von Willebrand's and Gaucher's Disease within thirty (30) days of

- (a) initial diagnosis,
- (b) enrollment with the Contractor,
- (c) the beginning of each contract year.

Catastrophic Reinsurance for Hemophilia, von Willebrand's and Gaucher's disease will be paid for a maximum thirty (30) day retroactive period from the date of notification. The Director or designee shall make the determination of whether a case or type of case is catastrophic based on the following criteria:

- (a) severity of medical condition, including prognosis
- (b) the average cost or average length of hospitalization and medical care, or both, in Arizona, for the type of case under consideration.

HEMOPHILIA

Effective with dates of service 10/01/94 and forward, the following benefits and criterion apply:

For hemophilia members, all medically necessary covered services provided during the contract year shall be eligible for reimbursement. Encounters for services provided to enrolled members with a diagnosis of hemophilia (ICD9 codes 286.0, 286.1, and 286.2) will be used to determine benefits.

Effective 10/01/05, the AHCCCS allowable price(s) for Hemophilia Blood Clotting Factor medications will be reimbursed at the lesser of AHCCCS contracted rate or Contractor paid amount.





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von WILLEBRAND'S DISEASE

Effective with dates of service 10/01/95 and forward, the following benefits and criterion apply:

For von Willebrand members, all medically necessary covered services provided during the contract year shall be eligible for reimbursement. Encounters for services provided to enrolled members with a diagnosis of von Willebrand's Disease who are non-DDAVP responders and dependent on Plasma Factor VIII will be used to determine benefits.

GAUCHER'S DISEASE

For all Gaucher's members, all medically necessary covered services provided during the contract year shall be eligible for reimbursement. Encounters for services provided to enrolled members with a diagnosis of Gaucher's Disease classified as Type I and are dependent on enzyme replacement therapy will be used to determine benefits.

STATE ONLY TERMINATIONS

On the day of pregnancy termination, all related outpatient medically necessary covered services will be eligible for Reinsurance reimbursement. Encounters for these covered services provided to enrolled members will be used to determine Reinsurance benefits. Reinsurance eligibility will be based on notification from the AHCCCS Clinical Quality Management Unit. See the AHCCCS Medical Policy Manual, Chapter 400, Policy 410 "Maternity Care Services".

PROGRAM CONTRACTORS & VENTILATOR DEPENDANT PLANS ONLY

BEHAVIORAL HEALTH/TRAUMATIC BRAIN INJURY

Members considered by the DHCM, ALTCS Unit to be high-cost Behavioral Health or Traumatic Brain Injured (BEH) will also be covered under regular Reinsurance using separate guidelines. Placement into an institutional or HCBS setting for these members must be approved in advance by DHCM, ALTCS Unit for the Program Contractor to qualify for Reinsurance reimbursement. BEH Reinsurance will cover the institutional or HCBS setting only.

The Program Contractor shall notify the DHCM, ALTCS Unit of the above cases identified for high cost behavioral health/TBI Reinsurance coverage within thirty (30) days of

- (a) initial diagnosis or
- (b) enrollment with the Program Contractor





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Reinsurance will be paid for a maximum thirty (30) day retroactive period from the date of notification to the DHCM, ALTCS Unit.

If the Contractor believes the member continues to require a specialized treatment program and placement, a re-authorization request and supporting documentation must be submitted in writing to the Behavioral Health Unit of the Division of Health Care Management within ten business days prior to the expiration of the current approval.

The submission date will be the date the request is received in writing by DHCM, ALTCS Unit.

Authorizations will be for no longer than six (6) months at a time, but may be for less based upon the individual case. The requests should include the following documentation:

- Name
- Date of birth
- AHCCCS ID number
- Program Contractor
- Facility name and number
- Per diem cost
- ALTCS eligibility date
- Psychiatric diagnosis with ICD-9 code
- Pertinent medical diagnoses
- Current Case Management synopsis, not a copy of what has been submitted previously
- Latest Psychiatric evaluation
- Facility notes documenting behaviors that are difficult to manage

For Behavioral Health/Traumatic Brain Injury members, medically necessary covered services provided during the contract year shall be eligible for reimbursement. Encounters for covered services provided to enrolled members with traumatic brain injury or significant behavioral management problems will be used to determine benefits.

Reinsurance coverage will be based on documentation substantiating that the member has been placed in the least restrictive treatment setting to safely manage the member's needs. DHCM, ALTCS Unit has established the following criterion for authorization for Reinsurance for members placed in an acute behavioral health inpatient treatment setting (Level I). The member must meet at least one of these criteria to qualify for Reinsurance reimbursement. The Program Contractor will provide all of the following:

1. Documentation which substantiates that the member is *actively* suicidal or presents a clear danger to self
2. Documentation which substantiates that the member is *actively* homicidal or presents a clear danger to others





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3. Documentation which substantiates that the member is psychotic and requires that twenty four (24) hour nursing care in an acute behavioral inpatient setting to maintain the members safety.
4. Documentation which substantiates that the member has had a life endangering reaction to prescribed psychotropic medication, requiring a behavioral health acute inpatient setting to monitor and stabilize the members.
5. Documentation must also substantiate that acute hospitalization is required to prescribe and titrate trials of psychotropic medication safely.
6. Documentation which substantiate that the member cannot be maintained in a lower level of care, including, but not limited to:
 - a) A Behavioral Unit in a nursing facility;
 - b) A Partial Hospitalization Program with psychiatric/medication evaluation services;
 - c) Wrap-Around Outpatient Services in conjunction with psychiatric/medication evaluation services.

Additionally, other conditions requiring acute psychiatric inpatient treatment may be approved as deemed necessary by the AHCCCS Medical Director.

Reinsurance authorization for Out-of-State placement for members designated with Behavioral Health/Traumatic Brain Injury diagnoses will require the following protocol by the Program Contractor:

- All out of state placement of members with Behavioral Health/Traumatic Brain Injury diagnoses must be submitted by the Program Contractor for approval prior to the placement.
- The Program Contractor must provide documentation substantiating the need for the out of state placement.
- The Program Contractor must have exhausted all placement possibilities within the state of Arizona prior to the placement.
- The Program Contractor must have a plan of discharge for the return of the member to a treatment placement within the state of Arizona.
- The Program Contractor must ensure that if an appropriate placement is available in Arizona, the member is placed on the waiting list for this placement.
- The Program Contractor must provide the AHCCCS DHCM, ALTCS Unit with any additional documentation as requested.

An Out of State Provider will be expected to provide the following to the DHCM, ALTCS Unit:





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- Initial and periodic treatment plan and discharge plan, including concrete, measurable goals, objectives and estimated timeframes in which the goals and objectives will be attained.
- A comprehensive plan of discharge, including discharge criteria to be completed within the first week of the member's admission and sent to AHCCCS.
- Documentation substantiating that the member is making progress toward meeting the established treatment goals and objectives.

Any additional documentation requested by the AHCCCS DHCM, ALTCS Unit, including, but not limited to facility progress notes, psychiatric/medicate on evaluation(s), psychological evaluations, school evaluations, nursing notes, and Behavioral Checklists.

Failure to comply with AHCCCS requirements may result in the denial of Reinsurance reimbursement.

III Deductibles

Case Type	Deductible	Coinsurance
Hemophilia	\$0	85%
von Willebrand's	\$0	85%
Gaucher's	\$0	85%
State Only Terminations	\$0	100%
Behavioral Health Traumatic Brain Injury	\$0	75%

